OVERVIEW

The Michigan Department of Health and Human Services (MDHHS) on-going program prevents maltreatment and keeps children safe in their own home. The on-going program addresses family needs and child(ren) safety concerns following an investigation. The goal of the department is to ensure child safety by partnering with families and providing resources that are available, accessible, and culturally appropriate.

This policy outlines requirements for engagement and contact with the family, development of a services agreement, referral to services based on family needs as identified by the family and the caseworker, and completion of structured support tools.

DEFINITIONS

Family Team Meeting (FTM)

A deliberate and structured approach to involving youth, families and caregivers in case planning through a facilitated meeting of family and their identified supports; see FOM 722-06B, Family Team Meeting.

Family Assessment of Needs and Strengths (FANS)

A Structured Decision Making (SDM) tool used to evaluate the presenting needs and strengths of a family; see PSM 713-11, Assessments and FOM 722-09A, Family Assessment of Needs and Strengths.

Child Assessment of Needs and Strengths (CANS)

An SDM tool used to evaluate the presenting needs and strengths of a child; see PSM 713-11, Assessments and FOM 722-09, Child Assessment of Needs and Strengths.

Caseworker for the purpose of this item is the assigned primary on-going caseworker for the open child(ren) protective services (CPS) case.

ON-GOING SERVICES

Following investigation, the level of department response is based on category designation; Category I, Category II, Category III, Category IV, and Category V (MCL 722.628d). For information on

categories, see PSM 711-4, CPS Legal Requirements and Definitions. The category designation is based on whether child abuse and/or neglect (CA/N) is confirmed, the level of future risk, and the safety decision as determined in the Safety and Risk Assessments. For information on Safety and Risk Assessments, see PSM 713-11, Assessments.

This item will describe on-going case requirements and caseworker responsibilities for Category I, II, and III cases where children remain in the home.

Category III Cases

Category III means there is a preponderance of evidence of CA/N, and the risk of future harm is low or moderate. The caseworker must refer the family to community-based services commensurate with the risk level and safety factors identified. If the family does not voluntarily participate in services, or the family voluntarily participates in services, but does not progress toward alleviating the child(ren)'s risk level, the department must consider reclassifying the case as category II; see *Reclassification of a Case* section in this item.

If the child(ren) is/are determined to be safe and ongoing CPS services and monitoring is not warranted, the caseworker must:

- Utilize the open/close option in the electronic case record in the investigation.
- Refer the family to voluntary community-based services.
- Complete an FTM, see *Family Team Meeting* section in this item.

If the child(ren) is/are determined to be safe with services, Category III cases may be opened to assist the family with voluntarily accessing community-based services and monitoring progress.

If opening the category III case, the caseworker must:

- Open the case in the electronic case record.
- Refer the family to voluntary prevention or community-based services.
- Make contact with the family according to the risk level; see *monthly service level and contact standards chart* in this item.

Category III cases should be closed within 90 days following the date of the referral unless a case extension is needed, or the category of the case is reclassified.

Extension of Category III Case

The 90 day period may be extended up to 90 additional days in limited circumstances, such as the service provider was unable to begin services during the first 90 days. The extension request must be submitted **prior** to the end of the initial 90 day period. Complete a safety reassessment and submit the request for supervisory approval of an extension by completing the extension request in the electronic case record.

Category II Cases

Category II means CA/N was confirmed, the risk assessment result indicated a high or intensive risk of future harm, and the child(ren) can remain safe in the home with services, as determined by the safety assessment. An on-going case must be opened, and services offered to the family.

If the child(ren)'s family does not voluntarily participate in services, a petition must be filed, and the case reclassified as a Category I; see *Reclassification of a Case* section in this item.

For Category II cases, the role of the caseworker varies depending on the availability and accessibility of community resources and supports. If resources are limited, the caseworker may provide direct services to the family. If community resources or contracted services are available, the caseworker may coordinate the delivery of various services provided by others. Absent effective preventive services, the planned arrangement for the child(ren) is/are Foster Care.

Category I Cases

Category I means CA/N was confirmed, the risk level was determined to be high or intensive, the safety decision was unsafe, and a petition must be filed. There are two types of Category I cases:

- In-home placement - The child(ren) remains in the home with the parents/caregivers and court mandates services.
- Out of home placement - The child(ren) has/have been removed and placed out of the home.

- CPS ongoing maintains responsibility for case management when the child(ren) remains in the home, while out of home placement cases are transferred to foster care.

RECLASSIFICATION OF THE CASE

Category III

When the family does not voluntarily participate in services or the family does not make progress toward reducing the child(ren)'s risk level, the department must consider reclassifying a Category III case as a Category II case.

Category II

A court petition is required if the department previously classified the case as Category II and the child(ren)'s family does not voluntarily participate in services.

Cases that are reclassified must be served with contact standards applicable to their new risk level.

Example: if a Category III, moderate-risk case is reclassified to a Category II, high-risk case, adhere to the contact standards for high-risk cases.

Process for Reclassification

To complete reclassification, in the electronic case record, the caseworker must follow these steps:

1. Select the case for reclassification.
2. Select program type history.
3. Select escalate CPS category.
4. Select appropriate escalation category option (escalate to Category I or Category II).
5. Enter escalation case conference date.
6. Enter a narrative.
7. Select the associated risk reassessment.
8. Select approval to route the request to the supervisor.

MONTHLY CONTACT STANDARDS

Monthly contact standards for open on-going cases are dependent upon the risk level. Caseworkers may use the contact standards chart to determine required contacts necessary for each calendar month.

At onset of the case, the risk level is determined from the investigation and carries over to the on-going case. A risk reassessment cannot be completed until contact has been made with the family. Regardless of the risk level, each primary caregiver, victim, and non-victim child(ren) in the family must be seen at least once a calendar month.

ON-GOING CALENDAR MONTH CONTACT STANDARDS CHART

Opening Month	
Day One = Day following disposition by the caseworker	
7 business day requirement* (Business day 1-7)	1 F/F with each primary caregiver from a participating household 1 F/F with each victim (can occur in the same contact)
1st calendar month - any risk level	1 F/F with each primary caregiver from a participating household 1 F/F with each child victim (can occur in the same contact) 2 collateral contacts
3 or less business days in the opening month	Only 7 business day requirement (may occur in current month or subsequent calendar month, but within 7 business days) The following calendar month requires standard contact requirements

2nd/Subsequent Calendar Month Until Closing Month						
		Contract -ed	Contact with each	Contact with each caregiver		Data report contact requirements (CS-1302 and CW-1302)

2nd/Subsequent Calendar Month Until Closing Month						
Risk Level	Total Contacts (Face-to-face)	Agency allowed contact	victim/non-victim child	per participating household	Collateral contacts	*Requirements are per participating household*
Intensive	4	3	1	1	4	1 F/F with each primary caregiver 1 F/F with each child victim 1 F/F with each non-victim child
High	3	2	1	1	3	
Moderate	2	1	1	1	2	
Low	1	0	1	1	1	

Closing Month	
Must occur within 30 calendar days prior to closure Requirements are per participating household Standard calendar month contacts are not required for closing month	1 F/F with each primary caregiver from a participating household 1 F/F with each victim 1 F/F with each non-victim child

Key
F/F = Face-to-face contact Participating = Household is participating a minimum of 1 day during the period

Key
* 7 business day requirement may meet opening month requirement in some cases

Face-to-Face Contact

A face-to-face contact is defined as an in-person contact with the perpetrator, victim, other child(ren), or other caregiver (parent, guardian, or other person responsible) for the purpose of engagement regarding substantive case issues. Contacts should allow caseworkers to gather information necessary for subsequent completion of risk reassessment, reassessment of FANS and CANS, treatment planning, service agreement development and/or progress review.

Collateral Contact

Collateral contacts refer to all other contacts the caseworker may need to make, such as contacts with the extended family, a relative, support persons, the school, any service providers, or other agencies. These contacts may be face-to-face, by telephone or email, among others.

Seven Business Days Contact Requirements

Within seven days of disposition, caseworkers must make the following contacts on all open on-going cases:

- One face-to-face contact with each child victim.
- One face-to-face contact with each primary caregiver per participating household.

These contact requirements may occur within the same contact.

Opening Month

At minimum, the following contact standards apply for the opening month of cases in which there are more than three business days remaining in the calendar month, regardless of risk level:

- One face-to-face contact with each child victim.

- One face-to-face contact with each primary caregiver per participating household.
- Two collateral contacts.

Face-to-face contacts with the primary caregiver and victim(s) may occur within the same contact. In some cases, the seven-business day requirement may also meet face-to-face contact requirements for the opening month.

If three or less business days remain in the opening month, caseworkers must still make initial contact within seven days of disposition and should follow contact requirements for the next full calendar month.

Caseworkers should consider additional contacts with the family dependent upon risk factors or needs of the family.

Closing Month

Within 30 days prior to case closure, the caseworker must make the following contacts, regardless of risk level:

- One face-to-face contact with each primary caregiver per participating household.
- One face-to-face contact with each child victim.
- One face-to-face contact with each non-victim child per participating household.

Standard calendar month requirements are not necessary within the closing month if the closing requirements have been met.

Visit Requirements

Caregiver

A face-to-face contact must occur with the primary caregiver from each participating household each calendar month following disposition. Safety planning with the family should occur during these monthly meetings and should be reviewed as needed.

When visiting with the caregiver, the caseworker should allow the caregiver to lead discussions based on needs. Caseworkers should also engage with the caregiver to address topics such as the initial concerns from the investigation, the needs of the child(ren), or the ability of the caregiver to meet the child(ren)'s needs.

Identified Perpetrator(s)

Attempts to have at least quarterly contact with individuals confirmed as perpetrators should occur to address child(ren) safety concerns and the need for community-based services or supports.

Note: If the identified perpetrator of the child abuse or neglect is determined to be a caregiver, follow contact standards for a caregiver as instructed in the *On-Going Calendar Month Contact Standards* in this item.

Children

Each child must have a face-to-face visit by the caseworker a **minimum of once** every calendar month following disposition.

Caseworkers should engage with children through a child-led approach based on developmental capability. Caseworkers should tailor discussions to preference of the child(ren) and should include efforts to assess child(ren) safety.

Caseworkers must not enter a home when an adult is not present to provide permission to enter the home and speak with a child(ren). If an adult is not present at the home, caseworkers may not request that the child(ren) step outside to speak with them, even if the child(ren) agrees or suggests this solution.

Caseworker Visit Tool

Two optional caseworker visit forms are available to assist caseworkers in gathering information during the monthly visit:

- DHS-903-A, Children's Protective Services Caseworker/Child Visit Tool. This form may be used to take notes during the visit.
- DHS-903, Children's Protective Services Caseworker/Child Visit Quick Reference Guide. This form contains information that should be covered in a monthly visit but is not intended for recording notes.

Social Work Contacts

All face-to-face contacts must be documented in social work contacts. Social work contacts should reflect on the following pertinent themes:

- Engagement with the person or family.

- The person's or family's engagement and progress with services.
- Safety concerns regarding the child(ren).
- Safety plans and any necessary updates.
- Any other information pertinent to the case.

Contacts by Contracted Agencies

If a family is referred to prevention services contracted by MDHHS, for the purpose of reducing risk to the child(ren), face-to-face contacts by a contracted provider with the client may be counted as a face-to-face contact to replace a caseworker's contact, as outlined in the *on-going calendar month contact standards chart* in this item. Contacts the family has with other local agencies which are not under contract with MDHHS, such as a public health department or community mental health, may not be counted as face-to-face contacts to replace the caseworker's contacts.

If MDHHS employs service providers such as parent aides, homemaker aides, or others to work with clients for the purpose of reducing risk to the child(ren), face-to-face contact by the MDHHS-employed service provider with the client may be counted as a face-to-face contact to replace a caseworker's contact as outlined above in the *on-going calendar month contact standards chart*.

If the caseworker becomes aware the service provider(s) have not been able to meet the required number of contacts, the caseworker must ensure the safety of the children by completing the required contacts. Until the issue is resolved, the caseworker is responsible for meeting all required contact standards.

The initial FANS and CANS outcomes and the development of the service agreement must be discussed during the initial planning conference between the caseworker, the service provider and family. The service provider must obtain the caseworker's approval of the proposed service plan prior to implementation. For more information on completion of the FANS and CANS and application of the assessment see PSM 713-11, Assessments, FOM 722-09A, Family Assessment of Needs and Strengths, and FOM 722-09, Child Assessment of Needs and Strengths.

Families First and Families Together/Building Solutions

In cases in which the family is referred for Families First or Families Together/Building Solutions services, those two programs are responsible for complying with all required service standards. The caseworker must have a minimum of one contact per month with the Families First or Families Together/Building Solutions worker, either face-to-face, by telephone, or teleconferencing. For more information on these services, see PSM 714-2, Supportive Services.

Scheduled and Unscheduled Home Visits

When providing services to a family there are certain circumstances for which a scheduled or an unscheduled home visit is appropriate. Scheduled home visits are preferred, to allow for mutual agreement for timeframe between the caseworker and family. Unscheduled visits should be considered when:

- New concerns are brought to the attention of the caseworker.
- Assessment of child safety could be impacted by a scheduled visit.

SERVICING AND ENGAGEMENT

Caseworker Responsibilities

Caseworker responsibilities for post-investigation cases include development of a prevention plan with the family to address safety concerns or needs identified in the risk assessment/reassessment and the FANS and CANS.

Services offered should:

- Be culturally relevant.
- Be sufficient in frequency and duration.
- Be relevant to family needs and address the top three needs identified by the FANS that contributed to the maltreatment.
- Assist parents or caregivers in identification of goals for reducing risk to the child and enhance their ability to provide adequate care of their child(ren).

- Assist parents or caregivers with identification of resources within their community and extended family support system and facilitate access to and use of those resources.

- Support parent or caregiver efforts. Help the parents or caregivers assess and be responsive to the needs of their child. Support and encourage the caregivers by helping them to recognize their own strengths and encourage them to apply these strengths to reach identified goals.

- Assist parents and caregivers in learning new skills in areas including childcare, household budgeting, preparation of nutritious meals, household organization, child development, discipline, and other necessary areas.

- Facilitate linkage of family to needed resources including financial assistance, medical assistance, family planning services, housing, legal aid, or employment.

- Include engagement with the family to evaluate the need for continued services.

See PSM 714-2, CPS Supportive Services for more information on services

Court Involvement

When engagement efforts and service provision are insufficient to achieve and maintain child(ren) safety, a petition seeking court intervention may be necessary; see PSM 715-3, Family Court: Petitions, Hearings and Court Orders. Whenever possible, caseworkers must request a FTM to discuss the concerns and attempt to resolve them before seeking a petition; see *Family Team Meeting* section in this item.

Caseworkers must remember when requesting a petition that a request for removal is not necessary in all situations. Relief requested should be the least intrusive necessary to protect the child(ren) or resolve the emergency.

The case record must demonstrate the following when filing a petition:

- Services provided and reasons for ineffectiveness.
- Imminent and substantial risk of harm to the child(ren).

The petition must state:

- The reason(s) why it is contrary to the welfare of the child(ren) to remain in the home.
- Reasonable efforts that were made to prevent the removal.

Note: Active efforts must be made to prevent removal for American Indian children; see NAA 205, Indian Child Welfare Case Management, and see NAA 235, Emergency Placement, for information on safety planning and removal of American Indian children.

Removal and placement

Non-custodial parents should always be considered first for placement of the child(ren). The caseworker must work with the parents to identify relatives for placement when removal is being sought. When considering placement with the other parent, caseworkers should consider if a petition is necessary or if other means of engagement and safety planning would be effective for voluntary placement with the other parent. See PSM 715-2, Court Intervention and Placement of Children, for information on placement with relatives or non-custodial parents.

Parents who are incarcerated should still be included in placement decisions for their children. Parental incarceration alone does not meet the criteria of abuse or neglect.

If a child(ren) is/are removed, but returned home within 7 days, face-to- face contact with the child(ren) is/are required within 7 days after the child(ren) is/are returned home.

Diligent Relative Search and Genograms

Diligent Relative Search

Caseworkers must continue to search for and identify relatives. These activities should be reflected in each case service plan. Caseworkers must attempt to contact all known relatives and document those efforts. Relatives may be able and willing to support the family and child(ren).

Caseworkers may utilize the DHS-991, Relative Search Checklist, for suggestions of methods to complete a relative search.

Caseworkers must use the DHS-987, Relative Documentation, to document all the following when contacting relatives:

- All identified relatives.
- The relative's relationship to the child(ren).
- Contact information for the relative.
- The dates of contact by the caseworker.
- The types of resources or supports the relative expresses interest in providing to the family.

Note: For an Indian child(ren), extended family members, as defined by the law or custom of the Indian child(ren)'s tribe, may be included as relatives for placement purposes. Ongoing diligent search efforts must occur. See NAA 215, Placement/Replacement Priorities for Indian Child(ren).

Genograms

Genograms are a valuable tool that assist caseworkers with establishing rapport with families and gathering information on family relationships, dynamics, behavior patterns, and history. Genograms can also assist with locating, identifying, and engaging the family's relative network. For more information on genograms see FOM 722-06, Case Planning.

All open Category I, II, or III cases require completion of a genogram during the first service period. The genogram should be included in the initial updated service plan.

Caseworkers may hand draw genograms or use genogram software. MDHHS caseworkers may download the GenoPro Tool from the Software Center. Training materials and resources for genogram completion can also be found on the MDHHS Office of Workforce Development and Training (OWDT) Child Welfare Institute Student Guide, including standard symbols for genograms and a genogram example video.

Documentation

Caseworkers must document on-going relative search efforts and results in the *Relative Search and Engagement* hyperlink in the electronic case record. Caseworkers must upload all relative search forms and genograms in the *Case Overview Documents* hyperlink.

Early On®

As a requirement of the Child Abuse Prevention and Treatment Act (CAPTA), 42 USC 5101 et. seq., caseworkers must refer all children under the age of three who are identified as victims of CA/N to Early On in the following:

- Cases classified as category I and II.
- Cases in which the child(ren) was/were born affected by substances; see PSM 716-7, Complaints Involving Substances for more information.

Special consideration must be given to children under the age of three who have medical conditions which could impact child(ren) development. In these situations, regardless of the category, the child(ren) with an identified condition should be referred to Early On.

The caseworker must notify the family of the referral to Early On and ask the caregiver to sign the DHS-1555-CS, Authorization to Release Confidential Information. Completion of the DHS-1555-CS allows MDHHS to receive the Early On evaluation results and any plan for services, if applicable.

Caseworkers should identify developmental, cognitive, social, emotional, and/or medical concerns of the child(ren) when completing the referral. Information regarding the family may be included in the general information section.

Family Team Meetings

FTMs should be held according to the tables within policy; see FOM 722-06B Family Team Meeting, for more information on content, structure and frequency.

The DHS-1105, Family Team Meeting Report, is used to capture family demographics, FTM logistical information, needs, strengths, action steps, safety concerns and the safety plan, and any recommendations made during the FTM. The DHS-1105 may serve as the service agreement for category II and III cases.

The DHS-1105 may detail safety plans designated to help the parent address the safety concerns identified; see PSM 713-01, CPS Investigations - General Instructions for more information on safety planning.

The caseworker should develop and document goals and detailed action steps on the DHS-1105 based on family input as well as needs identified in the FANS and CANS. The goals and action steps should be specific, realistic, and clear to identify the expected and measurable outcomes. A copy of the completed form must be provided to the family and scanned and uploaded into the *FTM documents section* of the electronic case record.

Monthly Case Consultation

At least one case conference between the caseworker and their supervisor must occur monthly for every CPS case.

The DHS-1158, CPS Ongoing Supervisory Tool, and DHS-1159, CPS Ongoing Supervisory Guide, are optimal to assist supervisors during monthly case consultations in gathering information and assessing whether a child(ren)'s needs of safety, permanency, and well-being are met. The guides and tools are not intended to be documented or included in the case file. The conference must be documented in the electronic case record with supervision as the contact type. The narrative should only indicate that the conference occurred.

Safe Sleep

The caseworker should discuss safe sleep practices with parents of infants under 12 months of age as needed and assist parents with items they may need, for example, pack and plays and cribs.

Service Agreement

The DHS-1105, Family Team Meeting Report, may serve as the services agreement. See *Family Team Meeting* section in this item for more information on this form.

With family input, caseworkers must develop a strength-based service agreement which focuses on the safety concerns and the related issues identified on the risk and needs and strengths assessments. The overall goal of the service agreement should promote a reduction in the risk to the child(ren). Goals should be developed with the family to address needs and must be identified in the service agreement.

Caseworkers should identify the top three prioritized needs based on the FANS and CANS to promote services for these needs. A

goal must be stated for each service based on the need. Goals should be developed to demonstrate that they are:

- Developed with family input.
- Specific.
- Realistic.
- Clear to identify the expected and measurable outcomes.

When needed, include the necessary steps and activities parents, other caregivers, child(ren), and the caseworker must take to achieve the defined goals, including time frames.

A service agreement may also detail safety plans designed to help the parent replace a practice that has resulted in neglect or abuse; see *Safety Planning* PSM 713-01, CPS Investigations - General Instructions. Caseworkers may include the frequency of contact with the child(ren) and family.

The service agreement must be printed, and a copy provided to the family.

CASE CLOSURE

See PSM 714-4, CPS Updated Services Plan and Case Closure.

SPECIAL CASE SITUATIONS

Cases Involving Multiple Counties

In cases involving multiple counties, the county of residence may request that another county make a service referral, supervise services, or conduct other caseworker related activities in the other county. This is referred to as a courtesy request. Courtesy requests may happen for a variety of reasons such as:

- A family will be visiting another county and while there, verification of child(ren) safety or servicing for the family is needed.
- A custodial parent resides in the county of origin and the other parent resides in another county.
- A parent places their child(ren) in another county voluntarily.
- To verify relocation of a family to another county.

Requests for courtesy supervision, service referrals, and other case management activities must be honored. Courtesy caseworkers and supervisors should be assigned within the electronic case record. Disputes between counties must be referred to the respective Business Service Center (BSC) director(s) for resolution.

All activities completed by the courtesy caseworker must be documented in social work contacts. The assigned primary worker and courtesy caseworker should ensure a flow of communication that addresses the status of the family as well as safety concerns and needs.

Transfer of Case Due to Relocation

If the primary assessment household moves to a new county, a request may be made to the new county to transfer the case after relocation has been verified.

Disputes between counties must be referred to the respective BSC director(s) for resolution.

Domestic Violence

Interventions in cases where domestic violence is a factor should be consistent with the following three principles:

1. Safety of the child(ren) and adult victim must be the primary consideration in all phases of the intervention.

2. The domestic violence offender must be held accountable for acts of violence and coercive and controlling behavior.

3. Safety and service plans should build on the survival strategies of the adult victim to increase their likelihood of remaining safe and protecting the child(ren).

Caseworkers should assist and support the non-offending caregiver in recognizing and furthering all safety efforts. If the child(ren) is/are at risk of harm by the domestic violence offender, safety planning should continue to support child(ren) safety as a priority. Separation from the perpetrator sometimes places the non-offending caregiver and the child(ren) at increased risk of harm.

Information necessary to develop an intervention in cases involving domestic violence include:

- Potential adverse impacts, including trauma on the child(ren) due to the domestic violence offender's behavior.
- The offender's assaultive and coercive conduct, and the impact on child(ren) safety.
- The role of substance use, mental health, culture, and other socio-economic factors on child(ren) safety.
- Protective factors available for use by the non-offending caregiver such as use of protective orders, police involvement, family support, or shelters.

Consideration should be made for separate service plans for the non-offending caregiver and the domestic violence offender. See *Caseworker Responsibilities* section for more information on the development of service agreements.

Domestic violence offenders may use manipulative tactics to use the child welfare system to further abuse and retaliate against the non-offending caregiver, or to gain leverage in possible custody disputes. Offenders may file allegations of CA/N against the other caregiver. This behavior may be a warning sign that the danger is increasing.

See also PSM 712-6, CPS Intake-Special Situations, Domestic Violence section, and PSM 713-08, Special Investigative Situations, Domestic Violence section.

New Investigation During an Open On-going Case

If a new investigation is received during an open ongoing case, caseworkers should actively communicate to coordinate case requirements, visits, family progress, concerns, and case service plans. Both caseworkers can utilize relevant contacts from the new investigation and open ongoing case and incorporate those contacts into their respective cases.

If a preponderance of evidence of child abuse and/or neglect is found on the new referral, the worker must open or maintain the case with the higher risk level. If both cases result in Category I dispositions, the worker must keep the case open that resulted in out of-home placement.

If there are any disputes regarding case services or case direction, insight should be sought from the program manager or director.

LEGAL BASE

Federal

Child Abuse Prevention and Treatment Act, 42 USC 5101 et. seq.

The Secretary of Health and Human Services may establish an office to be known as the Office on Child Abuse and Neglect.

The purpose of the Office established under subsection (a) shall be to execute and coordinate the functions and activities of this subchapter and subchapter III. In the event that such functions and activities are performed by another entity or entities within the Department of Health and Human Services, the Secretary shall ensure that such functions and activities are executed with the necessary expertise and in a fully coordinated manner involving intradepartmental and interdepartmental consultation with all agencies involved in child abuse and neglect activities.

A State plan submitted under paragraph (1) shall contain a description of activities that the State will carry out using amounts received under the grant to achieve the objectives of this subchapter, including- (xxi) provisions and procedures for referral of a child(ren) under the age of 3 who is/are involved in a confirmed case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act (20 U.S.C 1431 et seq.).

State

Child Protection Law, MCL 722.628d(c, d, e)

Category III - community services needed. The department determines that there is a preponderance of evidence of child abuse or child neglect, and the structured decision-making tool indicates a low or moderate risk of future harm to the child. The department must assist the child's family in receiving community-based services commensurate with the risk to the child. If the family does not voluntarily participate in services, or the family voluntarily participates in services, but does not progress toward alleviating the child's risk level, the department must consider reclassifying the case as category II.

Category II - child protective services required. The department determines that there is evidence of child abuse or child neglect, and the structured decision-making tool indicates a high or intensive risk of future harm to the child. The department must open a protective services case and provide the services necessary under this act.

Category I - court petition required. The department determines that there is evidence of child abuse or child neglect and 1 or more of the following are true:

- A court petition is required under another provision of this act.
- The child is not safe and a petition for removal is needed.
- The department previously classified the case as Category II and the child's family does not voluntarily participate in services.
- There is a violation involving the child, of a crime listed or described in section 8(a)(1)(b), (c), (d), or (f) of child abuse in the first or second degree as prescribed by section 136b of the Michigan penal code, 1931 PA 328, MCL 750.136b.

In response to a category I classification, the department must do both of the following:

- If a court petition is not required under another provision of this act, submit a petition for authorization by the court under section 2(b) of chapter XIIA of the Probate Code of 1939, 1939 PA 288, MCL 712A.2.
- Open a protective services case and provide the services necessary under this act.

POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox Child-Welfare-Policy@michigan.gov.